

Wallace Community College  
*JUMPSTART*  
Application

Last Name

First Name

Middle Name

Current Mailing Address

City

State

Zip

County

( ) -

( ) -

Home Phone

Cell Phone

Student Number: Birthdate:

**Graduation Information – Check One:**

- ☐ High School Graduate Year of Graduation \_\_\_\_\_
- ☐ GED Diploma Year of Diploma \_\_\_\_\_
- ☐ Current High School Student

Sex: ☐ Male ☐ Female

**Ethnicity/Race:**

- ☐ Black or African American
- ☐ White ☐ Asian ☐ Latino/Hispanic
- ☐ American Indian or Alaska Native
- ☐ Hawaiian or Other Pacific Islander

**ACCUPLACER Scores:**

English: Math: Reading: Date:

How did you hear about the JumpStart program?

- ☐ WCC Counselor ☐ High School Counselor ☐ Social Media
- ☐ Other \_\_\_\_\_

**Please Read and Acknowledge:**

I understand that by completing this application I am planning to attend Wallace Community College in the Spring of 2017. I am committing to the JumpStart program that will take place Nov 1-Nov 14. I understand that I must attend the first day of the program and that I cannot miss more than one class meeting. In addition, I understand there will be a \$20.00 fee for this program.

Signature of Student: Date:

Signature of Parent/Guardian: Date:  
(if under 18 years of age)

Return completed application to:

Hope Gunn (Wallace Campus) by Nov 1, 2016

Email: [hgunn@wallace.edu](mailto:hgunn@wallace.edu)

Phone: 334-983-3521 ext. 2296

Jane French (Sparks Campus) by Nov 1, 2016

Email: [jfrench@wallace.edu](mailto:jfrench@wallace.edu)

Phone: 334-687-3543 ext. 4249